

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR**  
PO BOX 2076  
CONCORD, NH 03302-2076  
**(603) 271-2597 (Voice Mail) or 271-1492**

**WAGE CLAIM**

Filed under RSA 275:51

**CLAIMANT**

Name \_\_\_\_\_ S.S. No. \_\_\_\_\_

Mailing address \_\_\_\_\_ Home Tel.: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip Code) Work Tel.: \_\_\_\_\_

**EMPLOYER**

Establishment name \_\_\_\_\_

Mailing address \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip Code)

Representative \_\_\_\_\_ Title \_\_\_\_\_

Type of business \_\_\_\_\_ Employer ID # \_\_\_\_\_

Did you complete a W-4 form? \_\_\_\_\_ Was your employer a sub contractor? \_\_\_\_\_ If yes,

prime contractor's name & address \_\_\_\_\_

Employee leasing company name & address (If applicable) \_\_\_\_\_

**CLAIM**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount \$ \_\_\_\_\_ Type of work \_\_\_\_\_ Location of work \_\_\_\_\_

**CERTIFICATION**

I hereby certify that this is a true statement of the wages owed me by the above employer.

Date \_\_\_\_\_ Signed \_\_\_\_\_

**ASSIGNMENT**

I grant the Labor Commissioner authorization to settle and adjust my claim, for wages and/or any claim for liquidated damages in the event it is deemed such action to be necessary pursuant to RSA 275 as Amended Section 53, par II.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED